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PATENT
450100-03411

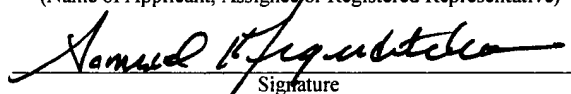
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : TORU MINEMATSU, et al.
Serial No. : 09/928,866
For : **A PORTABLE WIRELESS COMMUNICATION
APPARATUS**
Filed : August 13, 2001
Examiner : Shaima Q. Aminzay
Art Unit : 2684

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 24, 2004

Samuel H. Megerditchian, Reg. No. 45,678
(Name of Applicant, Assignee, or Registered Representative)


Signature

August 24, 2004
Date of Signature

RECEIVED

SEP 01 2004

Technology Center 2600

AMENDMENT PURSUANT TO 37 C.F.R. §1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is responsive to the non-final Office Action mailed on April 27, 2004. A one-month extension of time is requested. Any fee occasioned by this paper, and not accounted for by the enclosed check, may be charged, or overpayment credited, to Deposit Account No. 50-0320.



PATENT
450100-03411

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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	2	Minus	** =20	* 0 x	\$18 (9)	= \$ 0
Independent claims	1	Minus	*** =3	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290(145) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the ONE month following the expiration of the term originally set therefor. This is a petition to request a ONE month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$110.00 is attached, which covers the cost of **ONE-MONTH** petition for extension of time.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative


Signature

August 24, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Samuel H. Megerditchian
Reg. No. 45,678
Tel: 212-588-0800

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